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W. H. ELL, M.D., and H. A. COTTELL, M.D.

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THE
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"NEC TENUI PENNA."

SATURDAY, JANUARY 5, 1884.

Original.

A PLEA FOR GREATER SIMPLICITY IN
PRACTICAL MEDICINE.*

BY JAMES F. HIBBERD, M. D.

That it is the physician's highest professional obligation to do the things for his patient that his thoughtful judgment has decided to be best is a proposition so obviously true that no one will be found to contest it. If, in the exercise of his soundest discretion, a doctor determines that a person ill should take largely and rapidly of the most perturbing drugs, the doctor should administer them; if, on the contrary, the doctor decides that his patient should not have medicine of any kind, he must as positively hold his hand. And in reaching his conclusion the competent practitioner will scan the whole field before him and permit every thing observed to have its legitimate influence. Sometimes, to insure success, it is necessary to prescribe drugs to meet the prejudices of the patient in their favor, he having already in advance determined that he will have them and has so announced, when but for this prejudice his ailment would not call for such drugs; and, on the other hand, a remedy that the state of his physical condition calls for must be abandoned because in his mental operations he has conceived a binding prejudice against it; and still further, it is sometimes requisite to give or withhold medicines to establish and maintain an essential sentiment of confidence and sympathy in those around the patient and to insure adequate attention to him.

The point in this opening paragraph of our lesson is that the medical practitioner must not only make critical inspection of his patient's person and his mental status

*Read before the Mitchell District Medical Society, Seymour, Ind., December 28, 1883.

and peculiarities, but must also take a critical and comprehensive view of his surroundings as regards both persons and things, take the bearings and measure the force of each item, and from the whole survey determine what is best to be done and then do it in the simplest manner.

Not long since three lads, in a family near Pittsburgh, were the victims of hydrophobia, being attacked one after another, each claiming to have been bitten by a dog. The excitement in the family and among the neighbors was intense. After a discriminating investigation the sharp-witted doctor grasped the situation and, watching his opportunity, bribed the most susceptible of the three boys with a dime to get well himself and expose his two brothers, so that they likewise immediately recovered. But for this lucky acumen of the doctor, who can estimate the amount of curara, nitrite of amyl and other powerful nervines it would have required to prevent an endemic of simulated hydrophobia in young people of the vicinity. The practice in this instance was simplicity itself; the practitioner was an adept in diagnosis, in therapeutics a genius.

But there are many cases wherein the practice appears to be intricate and far-fetched rather for the sake of giving the practitioner conspicuity than for the purpose of the highest benefit to the patient. During the current calendar year, W. M. Carpenter, M. D., Pathologist to Bellevue Hospital and an instructor in the University of the City of New York, has published *An Index of the Practice of Medicine*, purporting to be an epitome of the most advanced knowledge in this department of the healing art. For the treatment of remittent fever the author recommends Warburg's tincture, and he prints the formula for its preparation, which is here copied under the supposition that most of my audience are as uninformed of its ingredients as I was before seeing its composition in this book:

"R Aloes socotr.,	lb. j;
Rad. rhei (East India),	aa 3iv;
Sem. angelicæ,	
Confect. damocratis,	
Rad. Helenis (S. Inulæ),	aa 3ij;
Croci sativi,	
Sem. fœniculi,	
Cret. Preparata,	aa 3j.
Rad. gentianæ,	
Rad. zedoariæ,	
Pip. Cubeb.,	
Myrrh. elect.,	
Camphoræ,	
Bolete larices,	

"The above ingredients are to be digested with five hundred ounces of proof spirit in a water bath for twelve hours; then expressed and ten ounces of bisulphate of quinine added, the mixture to be replaced in the water bath until all the quinine is dissolved. The liquor when cooled is to be filtered, and is then fit for use. Each half ounce contains seven and one half grains of quinine. The remedy should be given without dilution every two or three hours, all drink being withheld."

Can any man tell what the resulting compound of such a mixture is? Whose acumen can divine *a priori* what is its therapeutic power? And if it prove valuable in the treatment of remittent fever, who shall say that it did better than would the seven and one half grains of quinia, administered simple and alone in corresponding periods? It reminds one of the good old times of Nero, who ordered made the theriaca of Andromachus, of Crete, with its fifty-seven ingredients, which the French increased to seventy-two, and retained the preparation in their official codex until 1866. It also calls up a reminiscence of the beginning days of my professional career. When I had been a student a few months, Dr. Hallock, a physician from a neighboring town, called on my preceptor and found me cleaning a lot of vials that had been used, first throwing out the remnants of medicines they contained. Dr. H. advised me not to waste these remnants of medicines, but to turn them all into a bottle, irrespective of their nature or quality, and continue the plan until I was ready to practice, at which time I would be ignorant of the contents of the bottle, both as to its ingredients and powers, declaring that in practice I would meet with many ailments so complicated that I could not understand them, and in such cases to prescribe a teaspoonful of the bottle mixture every three hours. The difference between the author of the book and Dr. Hallock is, that the former is apparently serious in

recommending Warburg's tincture, while the latter's suggestion was ironical badinage.

Another instance of wide departure from the simple and necessary is met with in the most recent treatise on obstetrics, prepared by Prof. Lusk, of New York. In treating the subject of post-partum hemorrhage, after pointing to the great danger arising from improper attention, and the almost certain success of timely and appropriate management, the author details what he alleges to be the necessary preparation and precaution in every case of labor in these words: "It is my own practice, and one I would urge upon others, to make provision in the simplest of cases against the possible occurrence of hemorrhage. In the beginning of the second stage I examine my Davidson syringe to make sure the valves are in good working order. I then direct a small table to be set by the side of my patient, and place upon it a bowl containing pieces of ice of about the size of a hen's egg, brandy, sulphuric ether, neutral perchloride of iron, carbolic acid, ergot, a solution of morphia, and a hypodermic syringe filled with a fluid extract of ergot, using preferably a watery solution. Within easy reach I likewise have placed a pitcher of hot water, another of cold water, an empty basin containing the Davidson syringe, and a bed-pan. All this requires but a few minutes' time, and it is of no mean advantage to feel, in case hemorrhage follows the birth of the child, that all the appliances for prompt action are in order and close at hand."

This is an astonishing array of the armamentaria of the obstetrician to be provided for every case of parturition. Statistics testify that there is one death from post-partum hemorrhage in every three thousand four hundred and thirty labors. Suppose Dr. Lusk to have an obstetrical case every six days, he would then have to carry with him and arrange this precautionary battery about fifty-six years before having an opportunity to save a life that might not be saved without these appliances.

It must not be assumed that the foregoing examples are selected for the purpose of disparaging the books from which they are quoted. There is no intent of the kind. The books are good books in the main, but like most other good books, contain samples of careless writing, bad logic, and absurd instructions. Does any one doubt that Dr. Carpenter can treat successfully remittent fever without resorting to that unknown stuff, Warburg's tincture? Does any one

doubt that Dr. Lusk can arrest post-partum hemorrhage without that farrago recited, if he can arrest it at all? I trow not. Then why do these men, with abundant opportunity, both by reading and observation, to be learned in the highest and latest evolution of medical knowledge, issue their volumes in the light of the present year teaching such illogical stultiloquy as recited? There can be but little hope of answering this query satisfactorily without giving attention to two important facts. First, that the profession have not a complete knowledge of the natural history of human disease, that is, we do not know what would be the progress and termination of diseases that afflict mankind, if they were left to run their course undisturbed by medicine or management; and, secondly, our method of estimating the effect of remedies in pathological conditions is so imperfect, in the great majority of cases, that intelligent physicians may observe the same processes and conscientiously come to different conclusions.

As a consequent of the first defect in our knowledge, it is assumed that controlling medicines are demanded by every departure from health of importance enough to be characterized as an illness; and, as a consequence of the second defect, teachers, authors, and practitioners have warrant for many irrational extravagances in therapeutics; and the consequence of the two defects, combined with certain egoistic attributes of writers, leads a fraction of them to the belief that to establish their own eminence and make their books worthy of their fame they must have something in them new and striking, even if therefor they strain the science of the day and announce what they can not prove.

So far as the natural history of disease is concerned, it strikes me that an untrammelled observer would conclude unhesitatingly that a thorough knowledge of the course and progress of a disease was an essential prerequisite to a complete understanding of what should be done to alter or amend that course and progress. But it may be forcibly said that such is the complicated structure of the human organization; such the variety of the channels through which the life-force may exert its energy, and so dark these channels; and such the unreliability of our means of judging what phase of this life-force will intervene, and in what strength, that it will always be beyond human acumen to map out in advance what will be the course and progress of human disorders.

That there is a large measure of truth in this saying is undeniable, and in exact correspondence with the extent of that measure will be our failure to establish a perfect and complete science of therapeutics. But the saying is not wholly true. There is much of the natural history of disease that we comprehend and act on: We are much wiser in this respect than were our fathers, and our children will be wiser than we. there is not only evolution in this behalf, there is accelerating evolution, and yet so far as present prevision extends, the march toward perfection must be asymptotic, forever approaching, but never arriving.

Because the absolute is unattainable, it should not lessen our ambition to attain the approximate, while the pursuit yields a constant increase of our knowledge and our usefulness. At one time, smallpox, measles, and scarlatina were confounded as one disease; their diagnostic separation has tended to the better management and lessened mortality of each. A hundred years ago the *vis medicatrix nature* was a ghost, an immaterial therapeutic edition of the Anima of Stahl, while now, thanks to the labors of Forbes, Bigelow, Bennett, Flint, and their thousand efficient coadjutors less known to fame, the rôle of nature in the restoration of the ailing is regarded as the chief factor in the operation, the one force that does the effective work, while all the intelligent world recognizes that surgery, and medicine, and midwifery are but the helpmeets, the handmaidens to clear away the stumbling-blocks and superintend the healing powers of nature.

It is not, therefore, so much a failure to recognize nature in the management of disease, as it is a disposition to misinterpret her activity and exalt the service of remedies that leads away from the simple and the true in practice.

But, seeing that nature is the chief factor in all our therapeutic success does not still enlighten us as to what nature would do if left to herself, and this is, as already stated, the essential point for us to be fully advised concerning before our system of medication can claim perfection. The great hindrance to our better understanding of what unassisted nature would do with disease, is met with in the almost universal sentiment that any departure from the physiological condition must be met with remedies. And it can not well be otherwise with the fresh accessions to the practicing ranks of the profession. There is not a text-book that

falls into the hands of the student that does more than allude to the natural course of disease undisturbed by medicine, and there is nothing more definite in the teachings from the professor's chair. We can not then expect a conscientious young physician to do other than he has been taught, and there is no remedy for this until some medical college, taking a step in advance of its associates, shall establish a chair of the natural history of disease. Text-books on the subject would then quickly appear, and every medical school in the land would hasten to avail itself of this additional member to its faculty, counting it indispensable to full success in teaching the science of medicine. Not only this, but the tone and tenor of all new books on practice would be modified to meet the advance. Warburg's tincture would disappear from their pages, and tables, pitchers, and basins of sundries would no longer be ordered for the bedside of every parturient woman.

Other good and important effects would follow this desirable innovation on present methods. The people themselves, always taking their cue from the doctors, would presently come to understand that it was not only unnecessary, but that it was harmful to constantly resort to the pills, powders, and liquids of their medicine closet for every slight ailment that besets any member of the household; and further yet, they would soon realize that to buy and imbibe every nostrum recommended by almanacs, stereotype advertisements, and mountebanks from illuminated wagons on street corners was not only a waste of money but in many instances the ruination of health. Miraculous cures would no longer occur from animal magnetism, from the laying on of hands, from prayer, from incantation, from the use of the madstone or other abracadabra. Not that disordered persons will not be sometimes restored by one or another of these means, but the restoration will not be miraculous, all intelligent people being fully advised that the result witnessed is the legitimate effect on the nervous system of the means made use of.

Perhaps it may be esteemed unjust by those who have not devoted much reflection to the subject to charge the medical fraternity with the responsibility of the induction of the impostures of the charlatan, the excessive haphazard medication in domestic circles, and the vagaries pertaining to the neuroses, but the position can be sustained by the logic of facts. There are but few

regular physicians who intimate to the public or to the people who employ them that medicine is not always needed by persons who are ill, nor that drugs may be harmful as well as beneficial, unless it be that they berate the drugs prescribed by the disciples of other schools of medicine, or by the invalids themselves; and all irregular practitioners constantly proclaim the necessity of drugs, and also assert, for the most part, that what they use are in the nature of specifics, and that the majority of those used by regular physicians are poisons. It is consequently apparent, that from all classes of practitioners the populace are under a constant fire of both words and actions to impress them with the conviction that whenever they are the least off of their standard balance of health they must take medicine, and the sooner the better. Under such schooling it is no marvel that the prudent mother maintains a well stored druggery in the corner of a convenient cupboard, nor that the family physician is occasionally occupied for four days in subduing a gastro-enteritis induced in one of the children by the mother's overdosing it with hive-syrup to cure a fancied croup, but which was in fact a tracheal catarrh with dyspnea, that would have subsided spontaneously in six hours if left to nature.

It is not the intention of doctors of any school to produce the effect described; the aim is generally to impress the people with the great good of employing the particular doctor who is talking, or in a little less selfish spirit, insisting upon the superiority of the medicines made use of by the class of doctors to which he belongs.

In this professional bearing toward the public no exception is made in favor of the regular physician, for he goes with the current, too often apparently forgetting that nature is supreme and art auxiliary, and being no more willing than his irregular confrères to fling out to the breeze for the observation of the world and for its benefit a broad banner inscribed with this motto of scientific accuracy: "All medicine is an evil, and to be resorted to only for the purpose of relieving a greater evil."

In behalf of simplicity in practical medicine there is another matter that should be discussed at least. It is the influence of a man's mental operations on his physical condition. Reference is not here had to the relations of body and mind, scientifically treated by Maudsley and others, but to that social habit, constant with all classes of

people when they meet, of inquiring after one another's health. There is not much impression made on either party by the simple "How do you do?" and "Very well, I thank you," but there is an extension of the practice which leads two or more persons who sit down for a chat to carry on a conversation in this strain until each has recounted every ache and pain and new sensation, real or imaginary, that has been felt for an indefinite period. And this exercise is not confined to laymen, there are a legion of physicians who not only exchange these fascinating narratives with their patients, but insist on rehearsing them to all their confrères as they meet them day by day. Each of my auditors is doubtlessly acquainted with a Doctor Blank, who informs him in solemn tones and with serious countenance on one day that he could not sleep the previous night for a lancinating neuralgia in the infra-orbital nerve; on the next, that he has a savage rheumatism in his left leg; on the third, that he has tormenting colic pains in his bowels and dreads inflammation; then that he has had no appetite for a week, and again that he is quite sure he is just at the end of a masked intermittent fever, or a walking typhoid, and so on *ad infinitum*. A doctor usually confines his jeremiads to definite disorders, but the laymen generally load with grape and make a scattering shot covering all the ills that flesh is heir to within their vocabulary.

Surely this constant speech about errors of health, real or imaginary, must have a tendency to disturb the physiological balance of whoever indulges in it. We have abundant testimony that persons may be acutely diseased through an active faith that the disorder has seized them. How many persons have perished through fear, in the presence of cholera? Did not the butcher, who fell from his loft and caught his leg on one of his great hooks, faint through loss of blood that he felt trickling down into his boot, and yet on examination it was shown the hook had only caught in the top of the boot, not having touched the skin any where? Did not the Procasseur-General of France have to be assisted from the room, because in the presence of a corpse he always fainted; and yet, when opened, the little coffin that was supposed to contain the remains of a murdered child was found to be filled with saw-dust and never had a dead child in it, in fact no child had been murdered? If these things be true in affairs with quick results, may we not logically conclude that continual thought

and constant talk about less active disorders may presently induce some pathological disturbance?

However this may be, it is understood to be an offense against correct culture in refined society for one to speak of his distempers as a part of general social intercourse. All pertaining to this theme is held for the medical adviser and immediate attendants. Perhaps the best way for people to obtain credit for good breeding and at the same time avoid a possible evil to good health would be for all persons to discard positively all allusion to the sanitary state of the parties in conversation, and regard all illness as a disgrace arising from the bad habits of themselves or their ancestors and to be concealed, like any other family skeleton, in the darkest closet at their command.

Routine practice can not always be proven open to the charge of a violation of simplicity, but it is never science—and pure science in practice is what I am pleading for. The eminent London physician who in the olden time had his prescriptions dispensed from a rear room by an employé, so constantly directed emetics and purgatives that two great jars were provided to hold liquids for this purpose, while small bottles were sufficient to contain all other drugs he ordered. A distinguished surgeon, with whose practice I was somewhat familiar twenty-five years ago, invariably ordered iodide of ammonium as an internal medicine unless there were special indications observed that changed his custom. Probably most practitioners at this time have a few drugs that, almost as a matter of course, they prescribe as a habit of routine in a large percentage of their cases. Now I fancy that each of you present is mentally exclaiming, No, that don't mean me. But hold, at least a portion of you have more or less resemblance to my friend Dr. X, who, when I asked him what his routine drugs were, replied with a slight tinge of indignation that he had none. But, Dr. X, I said, you made five prescriptions last week for as many different neurotic disorders, and *cimicifuga* was the basis of every one of them; about the same time you prescribed for seven different diseases, each one accompanied by a marked degree of fever, and for the fever you prescribed aconite in each case; your partner during the same period prescribing hydrobromic acid in nearly an equal number of similar cases. And have you within a year prescribed any thing but "sugar powder" for constipation in a child under six years of

age? Well, rejoined Dr. X, slowly, that's so; and if that's what you mean by routine, I'm guilty. I was not cognizant of this peculiarity of my prescription before; but it's the easiest and nicest way to practice medicine. Of course you all see the application.

An extension of routine may be suitably characterized as fashion. Large numbers of practitioners following the *ipse dixit* of some real or factitious great man constitute a fashion. Fashions in therapeutics are very fashionable. Thirty years ago it was the fashion to bleed every patient who was ill of a fever or an inflammation, and to begin the treatment of most acute diseases with a dose of ten and ten, that is, ten grains each of calomel and jalap. Twenty years since, after Fuller, it was the fashion to treat rheumatism with alkalies; now, following Macclagan, it is the fashion to treat it with the salicyl salts. My friend Dr. Sheets graduated in New York about 1853, and ten years later spent several weeks in that city visiting the colleges, hospitals, and clinics. On his return to Indiana he called on me and narrated a number of instructive items—among them this: Having a *penchant* for ophthalmology when a student, he was a frequent attendant at the large infirmaries for treatment of the eye, and always afterward carried a mental picture of benches full of patients with cups on their temples as thick as they could be placed. When he called at these infirmaries during this visit there was a new order of things. The oculists were there, and the benches full of patients, but no cups on the temples. In their stead the temples had all been painted with iodine. The fashion had changed.

Therapeutic fashions that are mild and conservative are not more objectionable than routine with the same characteristics. But fashions of this order are either infrequent or short-lived, as the tendency in the disciples of a new mode is to extravagance, and they are apt to outstrip the prophet who originated it, killing it with their extravagance, or establishing a new mode in its stead. This phase of fashion's forming is diametrically opposed to simplicity in practice; it is, in truth, a huge stumbling-block in the path of the progress of scientific therapeutics.

Not long since, in preparing a paper on the treatment of typhoid fever, I made some study of the recent literature on the subject, and arrived at the conclusion that the best trained minds in the profession

had discarded some of the most extravagant methods of management that were the mode a decade ago. A paper was read at the last meeting of the Tri-State Medical Society on "The Antipyretic Treatment of Typhoid Fever." It was a carefully prepared and well delivered dissertation, detailing its author's experience in the management of typhoid fever with cold baths and quinia. It was a pleasant illustration of the overflowing enthusiasm of an energetic practitioner with a (to him) fresh line of practice, in a frequent and serious disease. That there should be a lingering devotee of the faded fashion to write was not astonishing, but it was a genuine surprise to find a number of active practitioners promptly rising, in quick succession, to affirm the conclusions of the essayist, and citing each his own experience as the sufficient evidence of their correctness.

The plan of treatment advocated was substantially that introduced into this country through the American edition of the great work of Ziemssen; but, as stated above, I supposed its extravagant terms had already led to its abandonment by the great body of practitioners.

There is a lesson in the history of the fashions that have had sway in the treatment of typhoid fever for the last fifty years, and I will briefly recite their salient angles for our improvement. The score of authors whose views I epitomize have been leading men in their day (except, perhaps, the last, whose book is the child of the present year, and is an index of current opinions), and each is to be regarded, as he is, in fact, an exponent of the views of a large class of predecessors, contemporaries, and followers, and makes his declarations after the most ample opportunities for observation and the fullest experience.

Bartlett's classical work on the Fevers of the United States was first published in 1847; a second edition, edited by Alonzo Clark, M. D., was issued in 1856. Before Bartlett wrote, the distinction between typhus and typhoid fever had already been fully accepted, and in introducing the treatment of a number of representative men, he does it in this language: "Various, and to some extent opposite, modes of management have been adopted by different practitioners; they have been conducted on a large scale, for the most part in a fair and impartial spirit, and under circumstances favorable to the discovery of the truth; but they have not yet resulted in the establish-

ment of any uniform and satisfactory method of treatment. There is no unanimity in the opinions and conduct of different practitioners."

Dr. Jackson, of Boston, urges free evacuations with tartarized antimony and calomel, then venesection, and this to be followed with more antimony every two hours, in increasing doses, for two weeks.

Dr. Nathan Smith condemns the antimony, calomel, and bleeding treatment, and all perturbing remedies, trusting to nature, diluent drinks, and farinaceous food.

Chomel's treatment is tentative or symptomatic, relying on nature and refreshing drinks. For some years he regarded sodium chloride as a specific, but ultimately made a manly retraction, acknowledging his error.

Louis relied, for the most part, on venesection, less or more, according to the vigor of the patient, continued for two weeks, and then trusting to drinks.

Bouillaud bled *coup sur coup*, and applied leeches and cups between the venesections. He claimed extraordinary success.

De Larrouque came upon the stage in the fading days of the doctrine of Broussais, which had forbidden the use of emetics and cathartics for all purposes in the Paris hospitals for fifteen or twenty years. He revised the evacuant method, administering antimonial wine as an emetic, and seidlitz water, castor oil, and calomel as purgatives.

Huss, of Stockholm, opposed bleeding and evacuations, gave phosphoric acid as a febrifuge, and camphor, musk, etc., as stimulants.

Bartlett further recites the alum treatment by Barthez and others, Dr. Gerhard's blue pill and castor oil, Dr. Dundas's large and frequently repeated doses of quinia, which Dr. Peacock, after ample experience in St. Thomas's Hospital, decided did no good, and often harm, then announces his own conclusion, that the management of typhoid "must be eclectic and rational, not exclusive and specific," quoting approvingly the words of Burserius, to wit: "For the less the operations of nature are disturbed by art, the milder and safer the remedies we employ are, the more successfully do we restore the patient's health." Dr. Bartlett was a wise physician; Dr. Alonzo Clark was another.

About the time of the second edition of Bartlett, Dr. Geo. B. Wood's practice came on the carpet, and was popular. He recommended bleeding, calomel to salivation,

and, above all, turpentine. Turpentine had been applied externally by others, but Dr. Wood discovered it as an internal remedy, and pushed it *ad nauseam*.

Dr. Bennett, of Edinburgh, gave two hundred and five grams of quinia in two days, and thought it produced alarming prostration.

Dr. Flint makes no distinction in the treatment of typhus and typhoid fevers, regards large doses of quinia injurious, except for reducing temperature, but thinks wet sheets should have a fair trial, and may prove useful.

Niemeyer has found that cold baths and wet sheets reduce the temperature, but at the same time increase the production of heat and cause dangerous prostration. He, however, approves of Ziemssen's method of baths, or wet sheets applied ten degrees cooler than the patient, and while applied reducing the temperature, say, twenty-six degrees. He also objects, on his experience, to large doses of quinia, but approves of doses of one or two grains.

Roberts favors mineral acids and small doses of quinia, and objects to the routine hydropathic treatment, alleging that "there are grave objections to its adoption."

Bartholow prefers ten grains of calomel in one dose every day, or every alternate day, according to the temperature, for the first week, and three to five minims of Lugol's iodine three times a day for two weeks, or up to convalescence. This he speaks of as the German specific method, and, relying on Liebermeister's statistics, deems it good. Under certain symptoms cold baths may be applied, but there are several contra-indications. Twenty grains of quinia every four hours is commended, and the cautious use of digitalis favored.

Carpenter has a long catalogue of remedies, one or more for each threatening symptom. He thinks cold permissible, but it must be applied with care and discrimination; he objects to the calomel treatment, and mentions iodine as a drug to which some practitioners have resorted.

These twenty-two authorities have been quoted in an approach to chronological order, but there is no pretense that this statement covers the whole therapeutic scheme of any one of the authors mentioned. The service aimed at is to present the leading features of each as an exemplar of and a commentary on the variety of methods which have been and now are in vogue in the treatment of typhoid fever, each, as a

rule, claimed by its introducer or chief disciple to be superior to all others, and appealing to statistics to prove the superiority. And in the face of this exhibit is it not obvious to every discriminating mind that the heroic treatment of typhoid fever of to-day has no more justification than similar perturbing management had in the time of Bartlett; and shall we not now, in the interest of science and humanity, join him in the sentiment so tersely stated by Burserius, viz: "For the less the operations of nature are disturbed by art, the milder and safer the remedies we employ are, the more successfully do we restore the patient's health."

And do not the facts of this review constitute a superlative plea for greater simplicity in practical medicine? And with the lesson of this history pervading my mind, was it any marvel that I was surprised when the several members of the Tri-States Society so promptly indorsed from their personal experience the enthusiastic extravagance of the eloquent essayist? Not that Tri-States members were presumed not to follow fashions in therapeutics; members of all societies and no society must do that; but because the treatment of typhoid fever since its recognition has progressed in alternating cycles of heroic and mild management, it was my understanding that with the best practitioners a mild cycle was now dominant, and I had supposed the auditors of that meeting to be fully in accord with the better state of affairs. This was, however, apparently a delusion.

As a recapitulation of the chief points set forth in this essay, I present the following aphorisms as my professional creed. I believe:

That every physician should have an abiding faith in the power and the value and the necessity of medicine.

That all medicine that has force enough to do good if rightly given, may do evil if wrongly given.

That medicine should not be prescribed unless a clear necessity is recognized for its employment.

That this necessity may arise from the patient's physical condition, from the patient's mental condition, or from the mental condition of others.

That in all cases the least disturbing remedies that will meet the indications should be prescribed.

That in all illnesses nature is the grand factor in restoring health; the role of art is that of an auxiliary and assistant.

That much thought and talk about disorders may be a cause of ill-health in the parties so thinking and talking, and is at least a mark of ill-breeding, and a lack of good manners.

That details of personal distempers should only be made to the physician for his guidance, or to attendants as an aid to nursing.

That routine in practice is never scientific, and is liable to be mischievous.

That fashions in therapeutics should be followed only when the new mode has the sanction of one's scientific knowledge, or is sustained by unimpeachable testimony.

That the guiding motto of every medical practitioner should be, "All diseases should be trusted to nature where art can not declare an assured benefit by intervening."

That evolution in the direction pleaded for in this paper must come through the experience of the gray-beards in the profession; the young physician must practice what he has been taught, and he neither sees in a text-book nor hears from a professor's chair a remembered plea for simplicity in medical practice.

RICHMOND, IND.

NIGHT-BLINDNESS FROM MIASMATIC INFLUENCES.—Zimmermann's cases (Arch. of Ophthal.) were observed in a family of four children, who previously were all healthy. After taking a house in a low situation and close to a sewer, the father suddenly fell ill from typhoid fever, and the children were attacked by intermittent fever together with hemeralopia. The ophthalmoscope showed no alteration of the fundus. The fever disappeared after administration of quinine, but the night-blindness persisted, despite all treatment, until the family had left the house and moved to a higher locality in a healthy part of the city. Then a rapid improvement was observed, and in two weeks the hemeralopia entirely disappeared and did not return.

THE FUNCTION OF THE SPLEEN.—The physiology of the spleen, like the source of the Nile, is an ignis fatuus that has thus far succeeded in eluding the grasp of the physiologist. Dr. C. S. Ray claims that this organ is the seat of perfectly rhythmical contractions and dilatations, independently of cardiac and respiratory movements, and that it may be regarded as a "portal heart." This suggestion may aid in determining its physiology.—*Med. and Surg. Reporter.*

Miscellany.

NO CURE FOR CHOLERA.—D. J. B. Hamilton, Surgeon-Major, writing in the *Lancet*, after showing that treating cholera by vesical injections is neither new nor useful, says: Let us look the truth in the face and acknowledge (not with shame, for our profession has never spared itself in the cause) that as yet we practically know nothing of Asiatic cholera and its treatment. This may seem a bold assertion in the face of recent discoveries; but, I repeat, we know practically nothing of true cholera.

In the premonitory stage, perfect rest on the back, opium with dilute sulphuric acid and external stimulants in the shape of mustard and turpentine, with ice to suck, and no food beyond a little milk, arrowroot, and broth, have in my hands been most successful when once cholera has developed; and by cholera I mean the stage of collapse, as indicated by cramps, rice-water stools, lividity of features, small or almost imperceptible pulse, and, above all, coldness of tongue and breath. I believe that drugs given internally are not only useless, but positively injurious.

Let us see what is the condition of the intestinal tract in cholera. To put it briefly, its functions are reversed, and instead of absorption taking place from the intestines into the blood, an exactly opposite action is progressing, viz., an exosmosis into the intestinal tract of the serum of the blood. This may not be a very scientific way of putting it, but it is practically what is occurring, and I ask, if absorption from the intestines is not going on, how can medicines, broths, stimulants, etc., be assimilated? If not absorbed, what becomes of them? If the patient be fortunate enough to vomit (and this is not always the case), nature gets rid of the objectionable matter; if, on the other hand, the medicine, food, etc., have remained in the stomach and have not been evacuated by either vomiting or purging, and the patient passes into the stage of reaction, what takes place? Why, the opium, the calomel, the brandy, the champagne, the extract of meat, etc., become absorbed, and at the very stage one would desire the intestinal tract and kidneys to be in a state of rest they are endeavoring to get rid of what should never have been there.

In the stage of collapse, ice to suck and soda-water to drink should be the limit of our internal treatment. Externally, no doubt,

some good may be done. The heat of the surface of the body should be maintained by means of hot-water bottles. Mustard plasters may be applied over the nerve-centers; hypodermic injections of morphia over the stomach allay sickness, and chloral injected into the muscles relieves cramp. Then, when reaction sets in, if happily it does, we are able to start fair with our patients, without being handicapped by having to combat the effects of our previous well-meant but injudicious administrations.

ANOTHER MILK EPIDEMIC.—In the village of Strichen, near Aberdeen, Scotland, says the *Lancet* of December 1st, there is at present in progress a sharp epidemic of typhoid fever, due to the use of milk from a tainted source. No fewer than twenty cases had occurred in different families, and all were traceable to a farm whence the milk came, and where there were cases of typhoid. These constantly recurring epidemics in the villages and rural districts of Scotland have become a national disgrace, there being next to no sanitary supervision exercised, and the health of the community being left to blind chance. When shall we be supplied with responsible medical officers for these extensive and totally insanitary localities?

SYPHILIS IN THE TROPICS.—At the recent meeting of the International Congress of Colonial Physicians, held at Amsterdam, M. Catrin, of the medical corps of the French army, dwelt upon the special severity of tertiary syphilis in hot climates. In one hundred and fifty-two cases there were fifty-two of perforation of the palate. In general, he thought syphilis was most severe where malaria was most intense.—*N. Y. Medical Journal*.

[The prevailing belief has long been that syphilis is far milder in hot than in cold climates. The truth is, syphilis is milder in the healthiest countries and in individuals whose general health and habits are the best. All the malarias, and alcohol, poor food, poor lodging, with whatever impoverishes the blood, aggravate syphilis.]

COLORLESS IODINE.—Mr. H. A. Lawton writes, in the *Lancet*: The easiest way to decolorize iodine is to add forty minims of a saturated solution of hyposulphite of soda to each fluid ounce of tincture of iodine. Forty minims of the saturated solution contain about thirty-two grains of sodic hyposulphite.

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H. A. COTTELL, M.D., - - - - - }

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ANOTHER YEAR.

With this issue the NEWS enters its seventeenth volume, and its ninth year. Founded by the lamented Cowling in 1876—the first and only weekly medical journal published south of the Ohio—the new candidate for professional favor found itself surrounded by many old and influential journals, who, holding the field with a strong hand, were doubtful as to whether the new arrival from Kentucky should be looked upon as an intruder or an ally. This question, however, remained open for a short time only. Indeed, with its first issue the NEWS lifted a curtain behind which lay the machinery of a great sham, and plunged into a controversy unparalleled in the annals of American journalism. Its ability to do sterling work in this department at least was soon demonstrated, and its contemporaries soon saw that truly a “second Daniel had come to judgment.” Others were in turn attacked; the strife ran high, but the shams tumbled, and the workman and his work became a part of the history of American Medicine.

This was a triumph of no little importance; but it could not be said to make a permanent place for the journal, since the necessity for controversial work was re-

moved in little more than a year's time, and the NEWS was called upon to build again, and upon a different basis. As a candidate for professional favor in the department of scientific medical literature, the journal, under the same bold spirit, soon asserted and established its claim, steadily increasing in worth and influence until, at the death of its able and brilliant founder in 1881, it had realized his hope, and, crowned with success, stood high in the ranks of American journalism.

The prestige thus attained enabled it to survive this its greatest loss, while the careful and conscientious carrying forward of its founder's principles by its editors, generous aid through its contributors, hearty support by its subscribers and advertisers, and the able management of its publishers, have made it possible to enlarge the journal without raising the price of subscription, and to otherwise materially increase its sphere of usefulness.

With a satisfactory retrospect and a pleasing prospect, we wish our friends a Happy New Year, and promise that no pains shall be spared to make the relations which are to exist between editor and reader during 1884 as agreeable and profitable as they may have been in any of the eight bright years which have marked the life of the Louisville Medical News.

INDEX MEDICUS.

A circular from its publishers informs us that the Index Medicus will be discontinued unless some immediate assurance is given that it shall receive, during the coming year at least, an approximate support from the profession at large. The mere cost of production is \$5,000 per annum, while the maximum return for subscriptions at six dollars per annum has not exceeded \$3,600. This deficit has been made up by special contributions from a few physicians who have the welfare of the enterprise at heart; but the publisher feels that the Index can

no longer justly be supported in this way. In consequence of its small circulation (there being scarcely six hundred subscribers), the publication can have but little income from its advertisements; and it is certain that unless more subscribers are immediately forthcoming, or the present subscribers are willing to pay for it at a higher rate, the *Index Medicus* must go to the wall.

The following questions are submitted by the publisher to the present subscribers, which, it is hoped, will receive a prompt and favorable response:

1. If the future subscription price of the *Index Medicus* is fixed at \$10 per annum, are you willing to renew your subscription for 1884 at that rate?

2. Should not five hundred subscribers renew at \$10, will you be one of four hundred and seventeen who are willing to renew at \$12?

The necessity of the *Index Medicus* to the proper utilization of our immense store of periodical literature need not be argued here. Foreign writers in medicine hold such publications in high esteem, and if there can not be found in the United States, among the host of book-makers, contributors to journals, lecturers, and writers of papers for medical societies, at least one thousand medical men who are willing to invest \$6 yearly in this work, we shall say that our writers are strangely negligent of an invaluable source of information, while there is danger that our medical literature shall lack that solidity of structure which can be had only through the medium of a well ordered bibliography.

ARCHIVES OF PEDIATRICS.

"A new face at the door."

The first number of this new periodical is before us. It is an octavo of sixty-four pages, handsomely printed, and in contents fully sustains the promise put forth in its advertisement, which has appeared for several issues upon our first advertising page.

This number contains an article on con-

vulsions in children, by Prof. William T. Plant, M. D.; a report of fifteen cases of tracheotomy for croup, by D. C. Cocks, A. M., M. D.; a clinical lecture on chronic gastro-intestinal catarrh in children, by Louis Starr, M. D.; clinical memoranda, relating to expiratory dyspnea from enlarged bronchial glands in a case of general tuberculosis and emphysema, by William Northrup, A. M., M. D.; twelve pages of valuable translations from the French and German; sixteen pages of carefully made abstracts.

During the present decade, no department of medicine has made more marked advancement than diseases of children, and an American journal devoted exclusively to its discussion has in consequence become almost a necessity to the practitioner.

Aside from the testimony of its first issue, it may be said, that if an able corps of editors and a list of eminent contributors can give worth and weight to a journal, the *Archives of Pediatrics* bids fair to stand among the most valuable publications in American periodical literature.

AWAKE OR ASLEEP.—Said an Irish corner: "Can you tell us, Doctor, if the deceased were awake or asleep at the moment of his death?" His countryman replied, "It is very difficult to say, but possibly he awoke to find himself dead."

This recalls the refrain of an ancient song,
 "And the old sow found herself and her six pigs
 dead,
 When she waked in the morning."

APHASIA.—In the *Gaz. Médicale de Paris*, November 24th, a case of aphasia with integrity of the third left frontal convolution, but with damage of the subjacent white matter, is recorded.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from December 22, 1883, to December 29, 1883. No changes.

Medical Societies.

MITCHELL DISTRICT MEDICAL SOCIETY.

The twenty-fifth semi-annual meeting of this practical society was held at Seymour, Indiana, on December 27th and 28th last. About fifty members were present.

About twelve or thirteen years ago a few of the medical pioneers of Southern Indiana were taken with the absurd idea that a society of medical men could exist without the fostering care of ethical guardians or the nourishing soup of parliamentary sauces, so they called together the doctors living in that district, known in the early history of the colonies as "Mitchell District," now comprising about twenty-two counties—and thus sprang into existence one of the most practical working medical societies of the Southwest, and from this society sprang the popular Tri-State Medical Society of Indiana, Kentucky, and Illinois, which was intended to carry out the same principles more universally.

The meetings of the Mitchell District Society will be held hereafter at Mitchell and Seymour in June and December of each year respectively.

The morning meeting was called to order by Dr. Walls, of Shoals, Vice-President. During the rest of the meetings Dr. T. S. Galbraith, President of the Society, presided.

Dr. S. A. Rariden, of Bedford, was called upon to fill a vacant half hour in the morning. He reported a case of typhoid fever, at present under his care, which departed in many particulars from the typical typhoid fevers of text-books. No eruption had ever been noticed on the body. The thermometer showed a steady, uniform increase of temperature for the first two or three weeks, then a gradual decline of the same. And all this in spite of any medicines which he administered to reduce the fever. The bowels moved daily, but there was a tendency to constipation, and decided sluggishness of the portal circulation. For this last condition he gave calomel, about five grains with sugar, and he thought this was about the only remedy which yielded any definite beneficial results. He did not know how the patient contracted the disease.

Dr. McCoy, of Lancaster, reported nineteen cases of the disease, of a very virulent type, with eight deaths. Nine of these patients had been drinking water from an infected spring. About fifty feet from this

spring was a school-house privy, which was proven to have a subterranean communication with the spring. He treated his cases with the sponge bath and antipyretic doses of quinia, twenty grains every four or five hours, until the temperature was reduced at least to 103°, the danger, in the opinion of pathologists, being from heart-failure due to continued high temperature.

Dr. Oppenheimer, of Seymour, said that he could corroborate the statement of Dr. Rariden concerning the beneficial action of a decided dose of calomel (not over five grains) when such symptoms presented themselves in typhoid fever as dry, cracked tongue, excessive sordes, black tarry stools, dry, harsh skin, with a pulse not too weak. He was in the habit of giving calomel with sodium bicarbonate in one-tenth-grain doses every hour until it acted. He believed that calomel should never be given without the addition of soda.

Dr. Hibberd, of Richmond, spoke of the prevalent neglect of physicians in studying the natural course of diseases. He did not believe that heart-failure in typhoid fever was due to the high temperature any more than were the local lesions in the intestinal canal; and, if so, why did not the same things obtain in scarlatina, where the temperature goes much higher. He believed that the fever was due to the specific poison, as were also the lesions, and that every case of typhoid fever was contracted directly or indirectly from matters that had passed through the intestinal canal of another person with the disease.

Dr. Houghton, of Indianapolis, said that the reason why heart-failure does not occur in scarlatina is because of the shorter duration of the disease. Where this or any other fever persisted the heart would become as much degenerated as in the case of typhoid fever, fatty degeneration of the striped muscular fibers being of common occurrence in continued fevers.

Pursuant to a motion by Dr. G. W. Burton, of Mitchell, four committees were appointed to report at the next meeting on typhoid fever: one on its pathology, one on its etiology, one on its prevention, and the last on treatment.

Dr. Jas. F. Hibberd, of Richmond, then read a paper entitled, "A Plea for Greater Simplicity in Practical Medicine [published in this issue of the NEWS]. As suggested by the title, this essay strives to impress the practitioner with the necessity of studying the course and behavior of dis-

eases as they occur when uninterrupted by medicines. He believed that such a study would greatly reduce the administration of heroic treatment, and would yield better fruits than we now can claim.

The paper was discussed by Drs. Haughton, Rariden, and Gaddy.

Dr. H. Stillson, of Bedford, read a concise paper on the Pronunciation of Medical Terms (which will appear in the News). In discussing this admirable paper it was evident that most of the members preferred to cling to the more euphonious pronunciation of words rather than to the correct ones.

In the evening the hall was thrown open to the laity, who came to hear Dr. Lunsford P. Yandell, of Louisville, discourse upon the Curability of Consumption. The hall was filled with the most intelligent portion of the city; and, if the public can be believed, Dr. Yandell made a lasting, agreeable impression, not only by the subject matter itself, but also by the elegant and impressive manner in which he delivered it. Of course the doctors did not all indorse the views of the disease given by Dr. Yandell, but all expressed themselves pleased with his lecture. In speaking of the treatment by inhalations, by antiseptics, etc., Dr. Y. classed them with *placebos*, stating that they were of benefit but rarely, and then only by their mental influence. He believed that Listerism, carbolic acid, and all these so-called antiseptics are fast dying out.

Dr. G. V. Woolen, of Indianapolis, was then called upon to read his paper on the Antiseptic Treatment of Pulmonary Consumption. Dr. Woolen's method consists in saturating a concavo-convex sponge with a five-per-cent solution of pure carbolic acid. This is to be worn constantly over the nose and mouth; a rubber which passes around the head maintains it in position. He also administers tonics, etc., with the above treatment, and claims several cures that have resulted from this method of treatment.

The subject was discussed by Drs. Reynolds, of Louisville, Thompson and Comingore, of Indianapolis.

Impaired Sight and its Causes, by Dr. E. Williams, of Cincinnati, was next read. The writer distinguished between imperfect sight consequent upon age, etc., and impaired vision. The paper briefly covered the most of the field of acute and subacute diseases of the eye and lids, and their treatment.

Examination of the Eyes and Ears of

Applicants for Pensions was the title of a paper by Dr. J. L. Thompson, of Indianapolis. The author detailed a simplified method of examining eyes, which could be carried out by the general practitioner, home practice being, however, necessary.

Dr. Dudley S. Reynolds, of Louisville, exhibited an eyeball which he had removed the day before, and made some practical remarks on enucleation, stating, among other things, that a blind eye should always be a source of fear for the safety of its sound fellow, that enucleation should not be delayed until the sound eye began to show signs of failure. He also said that an artificial eye should be inserted at the end of twenty four hours after enucleation.

Prognosis in various forms of Paralysis, by Dr. Philip Zenner, of Cincinnati, was a short, useful paper, and will duly appear in the News. The author, although yet a very young man, treated the subject in a most able manner.

The Proper Treatment of Operative Wounds, by Dr. R. E. Haughton, of Indianapolis, was a very elaborate and scientific essay.

Diphtheria, as it appeared in Indiana during the past year, was a statistical compendium by Dr. E. S. Elder, of Indianapolis. It was ordered to be put into a practical shape for public distribution.

Surgical Treatment of Chronic Sciatica, by Dr. J. A. Comingore, of Indianapolis, was the name of the next paper. The author treated three cases which had resisted cauteries, opiates, hypodermics, galvanism, etc. With rest, preferably plaster-of-paris bandages applied as high as the waist, he states that all three of them were relieved almost entirely on the spot. All recovered perfectly under the effect of the bandage.

Craze in Medicine, by Dr. J. S. Arwine, of Columbus, was the title of a paper which called attention to the periods in the history of medicine which might be more leniently termed "hobbyisms." For instance, the doctor called attention to the "calomel craze," and the "bleeding, purging, and puking craze," and latterly to the "quinine and malaria craze," etc.

Remarks on the life of Dr. J. W. F. Gerrish were made by Dr. S. E. Rariden, of Bedford. The zeal of Dr. Gerrish in promoting the interests of this society and his leadership in the cause of temperance in this country were commended and affectionately dwelt upon. Drs. Reynolds and

Burton made a few further remarks on the character of the deceased surgeon, after which the meeting adjourned.

L. S. OPPENHEIMER.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Editors Louisville Medical News:

When, about five years ago, Professor Ball was appointed to the Chair of Clinical Pathology of Mental Diseases at the Sainte Anne Asylum, the nomination caused some disaffection among those who had acquired a certain reputation in this particular branch, and consequently considered that they had greater claims to the appointment. Professor Ball was looked upon as an interloper, as it was thought that he did not possess the requisite qualifications for such a difficult, delicate, and responsible position, as he had never displayed any particular aptitude for this specialty. It was even said that, as an act of favoritism, the chair was created on purpose for him, as there was no actual need for it, there having been already other clinics in Paris for such affections with efficient men at their head. Be this as it may, Professor Ball has quite justified the opportuneness of the appointment and the sagacity of those who nominated him, as his clinic is well attended and his lectures are greatly appreciated, even by his adversaries. His inaugural lecture caused no small sensation, as he displayed qualities that were scarcely expected of him, and proved to demonstration that here at least he was the right man in the right place.

At his opening lecture last winter, Professor Ball selected for his subject "*Les frontières de la Folie*," or the border-land of insanity. Here the professor admitted that it was most difficult, and in some cases impossible, to draw the line of demarkation between sane and insane persons, as their acts and demeanor differ so little that even the most competent experts are unable to say where sanity ends and insanity begins. In fact I can not do better than transcribe for the benefit of your readers the conclusions of Professor Ball on the subject, which, although a year old, have not lost an iota of their interest or importance:

"We are surrounded by persons who occupy a more or less elevated position in so-

ciety, who follow their occupations, fulfill in appearance their several duties—but whose intelligence, nevertheless, presents certain weak points, who manifest conceptions really incoherent, and whose impulsions are altogether senseless, and yet it is impossible to consider them fit subjects to be shut up in an asylum, as they can not be categorically classed among lunatics. It is no doubt a terrible feeling to think that the engine-driver of a train in which we have taken our places is subject to hallucinations; that the lawyer we go to consult is perhaps affected with insanity of doubt (*la folie du doute*), and that the notary who has the management of our affairs has perhaps made a compact with the Creator of the Universe. But we must make up our minds to resign ourselves to these contingencies. These semi-lunatics not only often attain high positions, but they occasionally exercise an incontestable influence on those about them, on their country, on the age in which they live. The hallucinations of Joan of Arc performed a miracle which the heroism of thousands of captains could not realize; and, among the celebrated men who completely revolutionized their period, there are many who, if not absolutely mad, were at least half mad. In fact, the mental condition of these creatures being placed on the extreme limit of reason and of madness, they are often found to be more intelligent than others; they are in particular of a devouring activity, precisely because they are in a constant state of agitation; in fine, they possess a powerful originality, as their brain swarms with ideas absolutely original. Read history, and you will see it is particularly those who have revolutionized the world, founded new religions, created and upset empires, saved nations if they did not ruin them, and left their impress on the science, the literature, and on the manners of their country, and of their time. Civilization would often remain in arrears if there were no mad people to push it on. Let us, then, know how to render homage to insanity, and to acknowledge in it one of the principal agents of progress in civilized societies, and one of the greatest forces which govern humanity." This may be gratifying to lunatics or their friends, but little comforting to the sane portion of the community.

In opening this winter's course Professor Ball announces that he will deliver a series of lectures in which he proposes to demonstrate the reality of the existence of the independent action of the two hemispheres of

the brain, which he expresses by the term "cerebral dualism." He began by drawing the line between affections of the brain properly so-called and those of the mind; and in illustration of his subject he expatiated upon the disorders of speech, technically termed "aphasia," or, as he would express it, "amputated intelligence." Dr. Ball remarked that since the memorable discovery of Broca the history of aphasia has entered a new phasis. It is now known that the intellectual disorders of speech are nearly always connected with hemiplegia of the right side, which fact was a confirmation of the theory of the separate and independent functions of the two hemispheres; the convolution in which lies the faculty of speech being situated on the left side, it may necessarily be deduced that the two hemispheres have not the same functions. For some time Professor Ball has devoted his attention to this subject, and in his present course he has promised not only to distinguish and define the functions of the two hemispheres, but to explain the particular function of each. He began by refuting the teachings of Bichat, who believed in the perfect symmetry of all the organs, but his own brain was found absolutely disproportioned. There is, observed Dr. Ball, a cerebral dualism which can not be denied. The right hemisphere is, so to speak, a guide, a conductor, a superintendent in man, whereas the left hemisphere is, on the contrary, the great dispenser of passions and of emotions. What the predecessors of Broca and of the two Daxes were ignorant of, was to distinguish the functions of the two hemispheres. It is, however, known that the predominance of the right side is constant, and that the left hemisphere, which presides over the functions of the right side, is a hemisphere of predilection. Professor Ball further developed the subject by observing that man was the only being in the creation that used his right hand, a rôle that has always been considered the most noble. As we act with the right hand, so it is with the right side of the brain that we act intellectually. Unconsciously we have attached to the word "right" a signification the most elevated of language. To think rightly is, to some religious minds, to be orthodox. To act rightly is, in a moral sense, a proof of rectitude; and above all things we place *right*. In the scale of beings it is the specialization of the organs which mark progress. In the lower animals there exists, so to say, but one function, that is, nutrition, and the same in-

dividual possesses the attributes of the two sexes; as they rise in the scale, each function tends to choose for instrument a special organ. In man specialization has been extended to such a degree as to choose one hemisphere to think, and the other for functions of a different order. But the disproportion between the two hemispheres does not necessarily constitute the possessor of such a brain a lunatic, Bichat being a proof in point. The left hemisphere is formed the first in the fetus, but it frequently happens that the right hemisphere is developed to the detriment of the left. Dr. Ball considers that cerebral duality is now generally admitted by physiologists, and that such a notion would throw light on many facts, for instance, the cases of delirium with consciousness and the division of personality. Thus, it may be seen, Professor Ball is partisan of a theory which no doubt will predominate in science: the functional independence of the nervous centers, which perhaps extend to the independence of the two hemispheres. He does not, however, forget the great idea of cerebral compensation; he even bows before the idea of synergy; in fact, the first condition of the regular action of the function of the brain is that harmony reign between all its parts.

This first lecture by Professor Ball was delivered under the most favorable auspices and argues well for the session. The amphitheater could not contain all those who went to hear him, and I must say he is one of the most popular as well as one of the most eloquent lecturers of the Paris Faculty of Medicine.

PARIS, December 12, 1883.

Selections.

MULLEIN IN PHTHISIS.—Doctor F. J. B. Quinlan, M. D., F. K. Q. C. P., of Dublin, writes, in the *British Medical Journal*: Elizabeth B., aged fifteen, was admitted to St. Vincent's Hospital, suffering from pretubercular pulmonary consumption. She had been ailing for four months with cough, gradual emaciation, and latterly, occasional night perspirations. The catamenia had stopped. Encouraged by the recovery of her sister who had been one of my earliest patients treated by mullein, she resolved to try this treatment. On admission her appetite was bad and she had very slight dullness and very loud respiration under the

right collar-bone. She was ordered three ounces of green mullein leaf, boiled in a pint of milk, morning and evening. She was weighed on the first day of this treatment, and regularly every week. The result was: October 1st, 90 lb. 4 oz.; October 8th, 92 lb.; October 15th, 94 lb. 4 oz.; October 22d, 96 lb. 8 oz.; October 29th, 98 lb. 8 oz.; November 5th, 102 lb. 12 oz. The cough was at once relieved, and disappeared about the middle of October. On October 20th the menses appeared, and lasted twenty-eight hours. The night-perspirations did not occur after admission to such an extent as to demand treatment. The appetite improved; and the girl went out plump, strong, and evidently quite cured. A slight subclavicular respiratory roughness still remains; but will, I expect, gradually subside. I have, since the publication of my paper, noted a very large number of mullein-cases, with the uniformly satisfactory results of cure in the earlier, and relief in the latter, stages of consumption. This remedy has all the advantages of cod-liver oil, without any of its drawbacks.

PROPHYLAXIS OF MALARIA.—The *Journal d'Hygiène* has reproduced a report of Tommasi Crudeli to the Italian Parliament on the prevention of malaria. (Chicago Medical Journal and Examiner.) He insisted strongly on the value of arsenic as a prophylactic, taken in a daily dose of two to eight milligrams, he also mentioned the method advocated by Dr. Maglieri, of treating obstinate malarial infections by the administration of a simple decoction of lemons. This is the mode of preparation: Take a fresh lemon and cut it in thin slices without peeling it; boil these slices in a new earthen pot with three glasses of water until reduced down to a glassful; strain the whole through a cloth, and squeeze well the boiled lemon, and let the whole stand for a night to cool. Maglieri has tried this singular remedy not only in cases of chronic malarial infection, with a marked cachexia and rebelliousness to any other known remedy, but also in some cases of pernicious fevers, and always with success. The observations of Titus Piacentini confirm the efficacy of the decoction of lemons. Among the non-volatile substances so far found in the lemon, there are two, the hesperidine ($C_{22}H_{26}O_{12}$), and the limonine ($C_{26}H_{30}O_8$), which may be the active principles of this medication. The former is found in all parts of

the fruit, the latter in the seed. But nothing certain is known of the physiological action of hesperidine and of limonine, and all the hypothesis that can be framed regarding this will be, in our present state of knowledge, entirely premature.

TEARS OF BLOOD.—This rare phenomenon, the reality of which has often been doubted, seems, however, to occur under certain circumstances. Damalix has published an interesting paper on this subject in the *Archives d'Ophthalmologie*. He was led to study it by the observation of a case in M. Panas's wards. The patient, a young hysterical girl, said that she had often noticed a flow of blood from her eyes, and spots of blood on her handkerchief after wiping them. For some time the hemorrhage occurred every night. A careful examination of the eyes showed nothing abnormal, but there were photophobia, facial neuralgia, and considerable blepharospasm. This case, as M. Damalix himself says, can not be considered as conclusive, in spite of the probable veracity of the girl and her parents, as the hemorrhage was never seen by him. But there are on record some observations which do not leave room for doubt. In a case of Hauser, and in another of M. Brun, the observer could actually see the blood flowing from the eyes like tears; there was no possibility of trickery, and microscopical examination of the fluid showed that it was really blood. As for the diagnosis, the name blood-tears must not be applied to the various forms of hemorrhage caused by some organic lesion of the mucous membrane, such as small polypi, etc. The true form has nothing to do with any visible lesion, and the course of the accidents is remarkably irregular. Sometimes there are no premonitory signs, the blood appearing without effort or pain; in other cases, the patient feels for some time pain in the forehead, or at the root of the nose, or, it may be, a feeling of tickling and heat in the lids, which disappears when the blood begins to flow. The amount of blood lost varies from a few drops to a wineglassful; the flow never lasts more than a few minutes, is always intermittent, and generally coincides with other hemorrhages in the skin or mucous membranes, or, on the contrary, with *suppressio mensium*. A study of the etiology of the disease shows that it is most frequent in hysterical women suffering from anemia or hemophilia.—*British Med. Journal*.